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CONFIRMATION NO. 5901

<b>SERIAL NUMBER</b> 10/623,875	<b>FILING OR 371(c) DATE</b> 07/21/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> ONSET.026A
<b>APPLICANTS</b> Gerard von Hoffmann, Trabuco Canyon, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/398,071 07/23/2002				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 10/23/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance Acknowledged <i>Theodore J. Sigell</i> TJS Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 36
			<b>INDEPENDENT CLAIMS</b> 5	
<b>ADDRESS</b> 20995				
<b>TITLE</b> Intracranial aspiration catheter				
<b>FILING FEE RECEIVED</b> 753	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	